

## **Ashland Parks & Recreation Programs**

What Activities are you signing up for? \_\_\_\_\_ Days \_\_\_\_\_ (one form per child per session)

Would parent / guardian like to volunteer? Y / N If yes, for what program? \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Sex: M / F

Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Emergency Information**

Legal Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If unable to reach parents, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (include food): \_\_\_\_\_

Any other information that may help us better meet your child's needs: \_\_\_\_\_

**Please read and sign ➡**

**Ashland Parks & Recreation Programs**

**PO Box 517 Ashland, NH 03217 (603) 968-9209 / ashland-park-rec@excite.com**

## **Release of All Claims**

In consideration of the permission granted for the named participant to take part in the named Ashland Parks & Recreation Program, I hereby release myself and my heirs, the Ashland Parks & Recreation, its agents, employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participating in Ashland Parks & Recreation activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that in case of injury or illness, Ashland Parks & Recreation will attempt to contact the legal guardian named or the “emergency contact” named. In the event of a medical emergency, I consent to the participant’s treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

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(Signature of Legal Guardian)

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(Date)

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For Office Use Only: Session: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ FRL Y / N